000536 Jul 28 2014

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000175960 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

**Enter the email address for this business entity to be used for \mathfrak{A} annual report mailings. Enter only one email address pleaserf

Email Address:

Foreign Limited Liability Company BROOKLYN WATER BAGEL AT FSU, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 29 2014

	COVER LETTER
	gistration Section vision of Corporations
	BROOKLYN WATER BAGEL AT FSU, LLC
SUBJECT	Name of Limited Liability Company
The enclose Existence, a	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please retur	n all correspondence concerning this matter to the following:
	Sharon K. Gray
	Name of Person
	Triad Professional Services, LLC
	Firm/Company
	1720 Windward Concourse, Ste. 390
	Address
	Alpharetta, GA 30005
	City/State and Zip Code
	jbaden@triadpros.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
S	Sharon K. Gray770 \ 777-2091
	Name of Contact Person Area Code Daytime Telephone Number
Di Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ulahassee, Fl. 32314 Control of Executive Center Circle Tallahassee, Fl. 32301
	is a check for the following amount: \$125.00 Filing Fee \(\text{D} \) \$130.00 Filing Fee \(\text{C} \) Certificate of Status \(\text{Certified Copy} \) Certificate of Status \(\text{Certified Copy} \) Certified Copy O O O O O O O O O O O O O

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLUKIDA:
1 BROOKLYN WATER BAGEL AT FSU, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Poleigh Limited Liapinity Company, mass include Limited Edounty Company, Limite, or Circ.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
_{2.} Delaware _{3.} 46-1401675
[Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4 Upon qualification
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 201 North U.S. Hwy. One, Unit C-5
Jupiter, FL 33477
(Street Address of Principal Office) 6. 201 North U.S. Hwy. One, Unit C-5
Jupiter, FL 33477 ∰ ≅ ™
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage sage:
Garry Spear (MGR)
201 North U.S. Hwy. One, Unit C-5
Jupiter, FL 33477
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Harry L.
Signature of an authorized person (in auxordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817 155, F.S.)
Garry Spear
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

STATUTES, THE FOLLOWING S	IE UNDERSIGNED LIMITE	CTION 605.0113 or 605.0902 (1)(d), FLC ED LIABILITY COMPANY SUBMITS T TE A REGISTERED OFFICE AND REC	`HE			
	the Limited Liability Compa	GEL AT FSU, LLC				
If unavailable, ti	ne alternate to be used in the	state of Florida is:				
2. The name an	d the Florida street address o	of the registered agent and office are:				
	NRAI Services,	Inc.				
		(Name)				
	1200 South Pine Island Road					
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)				
	Plantation	FL_33324				
		City/State/Zip	'			
liability company registered agent statutes relating	v at the place designated in th and agree to act in this capac to theyproper and complete p	o accept service of process for the above so accept service of process for the above so this certificate, I hereby accept the appoints city. I further agree to comply with the preformance of my duties, and I am familiatered agent as provided for in Chapter 603 (une) Filing Fee for Application	ment as ovisions of all or with and 5. Florida			
	\$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	Y OF STATE			

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BROOKLYN WATER BAGEL AT FSU, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JULY, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROOKLYN WATER BAGEL AT FSU, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2014 JUL 28 A 9: 51
SECRETARY OF STATE

5456889 8300

140991204

You may verify this cortificate unline at corp. delaware, you/authyer, shiml

AUTHENTY CATION: 1563038

DATE: 07-24-14

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850-617-6381

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July 25, 2014

FLORIDA DEPARTMENT OF STATE

TRIAD PROFESSIONAL SERVICES, LLC Division of Corporations

SUBJECT: BROOKLYN WATER BAGEL AT FSU, LLC

REF: W14000045598

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H14000175960 Letter Number: 414A00015967

JUL 28 A 9:51

RECEIVED
4 JUL 28 AM 7: 00
SECRETARION STATE
ALLOHOSEE, PLORIDA